



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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December 20, 2012

Ms. Ladonna Hines, Administrator
Merry Meadow Farm, Inc - Main House
2122 Lower Plain
Bradford, VT 05033

Provider #: 0520

Dear Ms. Hines:

Enclosed is a copy of your acceptable plans of correction for the re-licensing survey conducted on **November 13, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



RECEIVED
Division of
PRINTED: 11/19/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		DEC 11 12 DIVISION OF LICENSING AND PROTECTION (X3) DATE SURVEY COMPLETED 11/13/2012
NAME OF PROVIDER OR SUPPLIER MERRY MEADOW FARM, INC - MAIN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2122 LOWER PLAIN BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 001	INITIAL COMMENTS An unannounced on-site re-licensing survey and investigation of a self-reported incident were conducted by the Division of Licensing and Protection on 11/13/12. The following are regulatory violations.	T 001	See attached Plans of Correction.		
T 003	IV.A.2 Resident Care and Supervision Medication The Director shall assure that all medications and drugs are: a. used only as prescribed by the resident's physician b. properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the Residence failed to assure that all medications taken by 1 applicable resident were used only as prescribed by a physician (Resident #1). Findings include: 1. Per record review on 11/13/12 for Resident #1, the physician order as stated on the Medication Administration Record (MAR) notes Seroquel (an antipsychotic) 50 mg PRN (as needed) for agitation. On 11/07/12, the Resident was administered a PRN Seroquel 'for anxiety'. There is no progress note reflecting the need and circumstance for the medication. In addition, the MAR lists Risperidone [antipsychotic] 1 mg PRN twice a day and Zyprexa (antipsychotic) 2.5 mg PRN twice a day, however there was no indication for their use.	T 003			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

JELB11

(X6) DATE

Director 12/10/12

If continuation sheet 1 of 8

PMC

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T 003	Continued From page 1 Per interview on 11/13/12 at 2:30 PM, the manager stated that the resident will ask for PRN medication, however, the resident is not able to self-medicate. The manager confirmed that one of the PRN medications was given not as prescribed and 2 other PRN medications had no indications for their use. *This is a repeat citation.	T 003		
T 008	IV.A.7 Resident Care and Supervision Medical Care Physical examinations must be provided for all residents whose residency exceeds 45 days unless resident has available the report of a physical examination completed within 90 days prior to admission. Arrangements shall be made to treat and follow up medical problems identified in the physical examination. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the Residence failed to provide physical examinations for 2 of 4 residents in the sample (Residents #1 & #2) Findings include: 1. Per record review on 11/13/12 at 11:30 AM of Residents #1 & #2's clinical records, there was no evidence that physical exams were obtained 90 days prior to admission or after the residents had established residency greater than 45 days. Resident #1 was admitted 09/20/12 and currently living at the Residence, and Resident #2 was initially admitted on 06/20/12 and discharged to a hospital on 08/26/12. Per interview at 2:45 PM, the manager stated that	T 008		

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T 008	Continued From page 2 Resident #1 refused a physical exam however there was no documentation of the discussion or the date. Resident #2 was noted to have only a psychiatric visit, however there was no physical exam 90 days prior to or 45 days after admission. The manager confirmed that there was no evidence that physical exams were completed for either resident.	T 008		
T 031	IV.B.3.f. Physical Environment Sanitation: The residence shall meet health and sanitation regulations of the Vermont Department of Health. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to meet health and sanitation regulations of the Vermont Department of Health regarding food storage / handling. Findings include: Per observation during the initial tour on 11/13/12 at 12:30 PM, the following was observed: a) In the Kitchen, 3 refrigerators' (client's, walk-in and reach-in) and 2 freezers' (reach-in and walk-in) temperatures were not consistently monitored. Temperature monitoring was last dated on 08/04/12, approximately 3 months ago. b) The upstairs bathroom, at the end of the hallway on the right, had moldy and cracked tiles around the top of the tub and on the walls, water stains on the wall/ceiling and torn/exposed dry wall.	T 031		

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T 031	Continued From page 3 Per interview at that time the house manager confirmed the above observations.	T 031		
T 037	IV.B.4.3. Physical Environment Safety: The Director shall ensure that fire drills are held periodically and shall cause residents to leave building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to ensure that periodic fire drills were completed. Findings include: 1. Per review of the fire log book on 11/13/12 at 1:15 PM, fire drills are held monthly, but during the day shift hours. There is no documentation that fire drills were conducted in the late evening, night or early morning hours. In addition, 3 residents who reside on the premises, but in separate buildings, have no documentation that fire drills are conducted for those residents in those buildings. Per interview at that time, the Manager confirmed that the fire drills are held mostly during the day hours and only for the main house.	T 037		
T 074	VI.1.C.5. Common Model Program Standards Structural Components	T 074		

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T 074	<p>Continued From page 4</p> <p>Staff</p> <p>The residence shall provide training opportunities for each staff member, which might include in-service and formal training.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the Residence failed to provide delegation of medication administration by a licensed nurse to 17 staff performing this service for all residents. Findings include:</p> <p>1. Per review of the written medication testing and administration delegation file, only 1 unlicensed staff has passed both the written and administration delegation. Per interview at 12:36 P.M. the Director stated all 17 staff took a written test, however, confirmed the nurse has not delegated medication administration to the other 16 staff. S/he stated that the Residence is aware [since last survey of 09/14/11] of the need for delegation but the nurse hasn't completed it at this Residence. Unlicensed staff are not permitted to administer any medications without being formally delegated to do so by a Registered Nurse after proper training, evaluation, and ongoing monitoring.</p> <p>*Note: The residence was cited for a violation around lack of Nursing delegation on 9/14/11. Per their submitted Plan of Correction for that violation, the residence claimed they would be in compliance with State laws by 2/14/12.</p>	T 074		
T 082	<p>VI.2.B.1.a. Common Model Program Standards</p> <p>Treatment Components</p> <p>Process--Intake</p> <p>The residence shall have clearly stated written</p>	T 082		

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T 082	Continued From page 5 criteria for determining the eligibility of individuals for admission. This STANDARD is not met as evidenced by: Based on record review and interview, the residence did not have clearly written criteria for the eligibility of individuals for admission to the Therapeutic Community Residence (TCR). Findings include: 1. In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of the Rules for TCR Licensing Regulations, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Per interview on 11/13/12 at 10:35 AM the Director confirmed that there were 3 residents (one admitted in 2004 and two admitted in 2006) who are "are aging in place". In addition, the residence is licensed for and has 10 residents living in the Main House, although 3 additional residents who are living on the premises are receiving TCR program components (Identification of Problems, Treatment Plan/Care Plan, supervision, progress notes and resident services). The Director stated that they are in 'after-care' but confirmed "it is basically the same program but they might be able to do more for themselves". S/he confirmed there is no clearly written criteria "as it is individualized".	T 082		
T 089	VI.2.B.3.a. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall reflect steps to be taken	T 089		

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T 089	Continued From page 6 to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 1 of 4 residents at the facility that reflects steps to be taken to solve identified problems. (Resident #3) Findings include: 1. Per record review on 11/13/12 for Resident #3, a treatment plan had not been developed for behaviors. The resident has had a history of behaviors from shoving a woman in 2006 to an altercation with another resident in June 2012. Per interview on 11/13/12 at 2:48 PM, the Manager confirmed there was no treatment plan that addressed steps needed to solve identified problems of the behaviors. *This is a repeat citation.	T 089		
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 1 of 4 applicable residents that contained clear and concise statements of at least the short term	T 090		

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T 090	Continued From page 7 goals the residents will be attempting to achieve or a time schedule for their fulfillment or reassessment. (Resident #4) Findings include: 1. Per record review on 11/13/12, Resident #4's recovery plan (treatment plan) does not address the behaviors of anger. Although the treatment plan states the resident will attend behavior meetings, there are no clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. Per interview at 12:24 PM the Director stated that Resident #4's behaviors of drinking and anger have been escalating since an incident in June 2012 involving another resident. S/he confirmed the treatment plan does not contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.	T 090			

**Licensing Plan of Correction
Merry Meadow Farm - Main House
12/10/12**

T003 - IV.A.2 - Resident Care and Supervision (Medication)

MMF has asked all of the psychiatrists to indicate all of the symptoms they are addressing with each prn medication prescribed. MMF staff have been trained and instructed by the nurse to give PRN's only for indicated symptoms. If staff is unclear they are to call the House Manager for assistance. This training took place on 11/30/12.

T008 IV.A.7 - Resident Care and Supervision (Medical)

All refused medical care will be documented by the House Manager on MMF's Refusal of Care form. This form will begin being utilized immediately, a copy has been included.

House managers will track the medical care forms prior and during admission to reassure physical needs are met. This will begin immediately.

T031 IV.B.3.F - Physical Environment

- a) The cook has been reminded to complete the check off sheets to monitor all refrigerators and freezers. The house manager will check these sheets weekly to assure completion.
- b) The upstairs bathroom has been thoroughly cleaned, the sink has been attached more securely to the wall, all sheetrock has been repaired, and the bathroom is freshly painted.

T037 IV.B.4.3 - Physical Environment (Safety)

A fire drill will be held in the evening or early morning hours once per year. The House Manager will be responsible for completion. This fire drill will include the three apartments on property.

T074 - V1.1.C.5 - Common Model Program Standards (Structural components)

All Current staff, as of 11/30/12, has passed the medication test and the delegation training provided by our consulting nurse, June Manley. Training certification nursing overview form included for verification.

T082 - V1.2.b.1.a - Treatment Components

- A) Please see Admissions Criteria policy included with this P.O.C.
- B) We strongly feel individuals with a persistent mental illness that may be aging in place, are still at risk of re-hospitalization if not cared for in a fashion that they have become accustomed to and has proven successful. We consider these persons to be benefiting from the therapeutic environment.
- C) MMF is currently in the process of licensing the three apartments on the property. MMF plans to have this process completed with in the next two months.

T089 - VI.2.B.3.a - Common Model Program Standards (Treatment Plan)

Merry Meadow Farm is undergoing a clinical transformation, hiring two fulltime clinicians in 2012. This hiring has spurred a new system for clinical documentation. This documentation packed has been included. All current Residents will have some combination of these forms completed by January 15th, 2013.

T090 - VI.B.3.b -

New clinical documentation forms will address this issue in the same manner as in T089.

Documents included in this plan of correction.

1. Refusal of Care Form
2. Medication Training Certification & Nursing Overview
3. Admission Criteria
4. Comprehensive Assessment Form
5. Reassessment Form
6. Individual Recovery Plan
7. Individualized Residential Care Plan

Respectfully submitted,

Stephen J. Schramm, Director
Merry Meadow Farm, Inc.
802-222-9394
SJS@mmfvt.com

T003, T008, T031, T037, T074, T082, T089, + T090
Plans of correction accepted 12/13/12
SEMMONS RN / PNC